Image# 201510149002870601 PAGE 1 / 32

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man	All Authorized	Committee			Office Use Only		
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5			
American Academy of I	Family Physic	ians Political	Action Co	ommittee	1 1 1 1 1		1	
ADDDEGG ()	1133 Connecticut	Avenue, NW						
ADDRESS (number and street) ▼	Suite 1100							
Check if different than previously reported. (ACC)	Washington			1	DC	20036		
. ,		OLTY						
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		S	STATE A	ZIP CO	DE A	
C C00411553		3. IS THIS REPORT	V .	N) OR	AN (A)	ENDED		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)	
Quarterly Report (Q: July 15 Quarterly Report (Q: October 15 Quarterly Report (Q:	(C) 12-Day PRE-Ele Report		Primary (12P		General Special (Runoff (12R)	
January 31 Year-End Report (YE	≣)	Election on	M = M /	D D /	Y	in the State o	ıf	
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-E Report		General (300	i)	Runoff (3	0R) in the	Special (30S)	
(TER)		Election on				State o	ıf	
5. Covering Period 09	/ D D / Y	2015	through	09	30	2015		
I certify that I have examined this	•	•	wledge and b	pelief it is true	e, correct and	l complete.		
Signature of Treasurer Hugh	M Taylor MD		[Electronically	Filed] Da	ate 10	14/	2015	
NOTE: Submission of false, errone	ous, or incomplete i	information may su	bject the pers	son signing thi	s Report to the	e penalties of 2 l	J.S.C. §437g.	
Office Use Only						FEC FOR Rev. 12/2		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 09 01 2015 To: 09 30 2015

COLUMN A
This Period: Column B
Column B

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		439447.27
	(b) Cash on Hand at Beginning of Reporting Period	362917.68	
	(c) Total Receipts (from Line 19)	14933.23	323514.80
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	377850.91	762962.07
7.	Total Disbursements (from Line 31)	14263.52	399374.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	363587.39	363587.39
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 09	COLUMN A	2011			
I. Receipts	COLUMN B Calendar Year-to-Date				
. Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees	12464.99	213687.95			
(i) Itemized (use Schedule A)					
(ii) Unitemized	1836.18	103171.32			
(iii) TOTAL (add	7				
Lines 11(a)(i) and (ii)▶	14301.17	316859.27			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14301.17	316859.27			
2. Transfers From Affiliated/Other	7	7			
Party Committees	0.00	0.00			
,					
8. All Loans Received	0.00	0.00			
	, , , , , , , , , , , , , , , , , , , ,				
Loan Repayments Received	0.00	0.00			
Offsets To Operating Expenditures	7				
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	632.06	6655.53			
6. Refunds of Contributions Made	,	·			
to Federal Candidates and Other	0.00	0.00			
Political Committees	0.00	0.00			
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00			
3. Transfers from Non-Federal and Levin Funds	0.00	0.00			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
,	7	4			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(2) 22 2 (11011 001100010 110)	7				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	14933.23	323514.80			
	7				
. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	14933.23	323514.80			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Valoridai Tour to Date
Activity (from Schedule H4)	2.00	2.22
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	263.52	6089.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	263.52	6089.68
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	14000.00	392700.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	585.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	585.00
(2007)		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
		200
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14263.52	399374.68
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	14263.52	399374.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14301.17	316859.27
4. Total Contribution Refunds (from Line 28(d))	0.00	585.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14301.17	316274.27
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	263.52	6089.68
7. Offsets to Operating Expenditures (from Line 15, page 3)	632.06	6655.53
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-368.54	-565.85

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	6	OF	32
(check	only	one)					
X 1	1a	11b		11c	12		
1	3	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Janet R Albers MD		Date of Receipt
Mailing Address 612 Woodbridge Rd		09 27 2015
City	State Zip Code	Transaction ID : C3105800
Springfield	IL 62711-5666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
SIU SOM	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Frederic Baker MD		Date of Receipt
Mailing Address 32 Mark Cir		09 06 2015
City	State Zip Code	Transaction ID: C3087687
Holden	MA 01520-1410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	43.00
Name of Employer	Occupation	
UMMHC	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 387.00	
Full Name (Last, First, Middle Initial) Cedric T Barnes DO		Date of Receipt
Mailing Address PO Box 337		09 30 2015 _
City	State Zip Code	Transaction ID: C3107954
Milford	DE 19963-0337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.50	
SUBTOTAL of Receipts This Page (optional).		129.50
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	32
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Kevin M Bernstein MD Mailing Address PSC 482		Date of Receipt
		09 06 2015
City	State Zip Code	Transaction ID : C3087698
Fpo	AP 96362-9998	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
US Navy	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.50	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD		Date of Receipt
Mailing Address 4407 Leedy Rd		09 14 2015
City	State Zip Code	Transaction ID : C3092125
Kingsport	TN 37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
ETSU	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) Mott Parks Blair MD		Date of Receipt
Mailing Address 411 E Westbrook St		09 22 2015
City Wallace	State Zip Code NC 28466-1514	Transaction ID : C3103267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer	Occupation	
Vidant Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	425.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

\rangle	American Academy of Family P	hysicians Political Action Committe	ee
Α.	Full Name (Last, First, Middle Initial) Robert V Blakeburn MD		Date of Receipt
	Mailing Address 800 Frisco Ave		09 14 2015
	City Clinton	State Zip Code OK 73601-3318	Transaction ID : C3092126 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self employed	Occupation Family Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Karla L Booker MD		Date of Receipt
	Mailing Address 3945 Cranbrook Ct NW City	State Zip Code	09 05 2015 Transaction ID : C3087648
	Eilburn FEC ID number of contributing federal political committee.	GA 30047-2696	Amount of Each Receipt this Period 45.63
	Name of Employer Gwinette Hospital System	Occupation Family Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 228.15	
<u> </u>	Full Name (Last, First, Middle Initial) Lindsay Kathryn Botsford MD		Date of Receipt
	Mailing Address 2506 Hazard St		09 07 2015
	City Houston	State Zip Code TX 77019-6756	Transaction ID : C3087725 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	31.00
	Name of Employer Memorial Hermann Hospital System	Occupation Family Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 248.00	
s	SUBTOTAL of Receipts This Page (optional)	•	326.63

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	9	OF	32	
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Physicians Political Action Committee	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary F Campagnolo MD Mailing Address 1561 Route 38 Ste 6 City Lumberton FEC ID number of contributing federal political committee. Name of Employer Virtua Medical Group Receipt For: Primary General Other (specify)	State Zip Code NJ 08048-2939 C Occupation Family Physician Aggregate Year-to-Date ▼ 625.00	Date of Receipt 09 06 2015 Transaction ID : C3087699 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Joan L Carrellas MD Mailing Address 39 Bishop Lamy Rd City Lamy FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code NM 87540-9601 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Barton A Chase MD Mailing Address 3856 Highway 57 W P.O. Box 99 City Ramer FEC ID number of contributing federal political committee. Name of Employer Ramer Family Health Center Receipt For: Primary General Other (specify)	State Zip Code TN 38367-7167 C Occupation Family Physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt 99 28 2015 Transaction ID : C3106103 Amount of Each Receipt this Period 2750.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		3240.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	 10	OF		32
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions are for commercial purposes of their than using the purpose of any political committee to solicit contributions from such committee.

or for commercial purposes, other than usin	g the name and address of any political committee to	o solicit contributions from such committee.				
/	ly Physicians Political Action Commit	tee				
Full Name (Last, First, Middle Initial) Steven A Crawford MD Mailing Address 900 NE 10th St	Steven A Crawford MD					
City Oklahoma City	State Zip Code OK 73104-5420	09 12 2015 Transaction ID : C3091958 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	416.66				
University of Oklahoma Receipt For:	Family Physician	-				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4166.60					
Full Name (Last, First, Middle Initial) Jason B Dees MD Mailing Address 620 W Longview Dr	Date of Receipt 09 30 2015					
City New Albany	State Zip Code MS 38652-2415	Transaction ID : C3108580 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	3000.00				
Name of Employer Magnolia Health Plan	Occupation Family Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00					
Full Name (Last, First, Middle Initial) C. Scott R Dunn MD		Date of Receipt				
Mailing Address 1507 Northshore Dr		09 27 2015				
City Sandpoint	State Zip Code ID 83864-2714	Transaction ID : C3105797 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer Family Health Center	Occupation Physician	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00					
SUBTOTAL of Receipts This Page (options	al)	3781.66				
TOTAL This Period (last page this line nur	nber only)					

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
` '	hysicians Political Action Committe	9e
Full Name (Last, First, Middle Initial) James A Ellzy MD		Date of Receipt
Mailing Address 1351 Bryant St NE Apt 4		09 19 2015
City	State Zip Code	Transaction ID : C3099167
Washington	DC 20018-1156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34.10
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	306.90	
Full Name (Last, First, Middle Initial) 3. David Richard Field Field		Date of Receipt
Mailing Address 209 N 7th St	09 28 2015	
City	State Zip Code	Transaction ID : C3110963
Bismarck	ND 58501-4441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Troy Treanor Fiesinger MD		Date of Receipt
Mailing Address 14023 Southwest Fwy		09 12 _2015 _
City	State Zip Code	Transaction ID : C3091929
Sugar Land	TX 77478-3550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	99.094.0 1041 10 0410 \$	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	184.10
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER:					PAGE	•	12	OF		32
(check only one)										
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NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Commit	ttee				
Full Name (Last, First, Middle Initial) Wanda D Filer MD Mailing Address 510 Aqua Ct	Wanda D Filer MD					
City	State Zip Code	09 09 2015 Transaction ID : C3089075				
York	PA 17403-3623	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	350.00				
Name of Employer	Occupation	_				
Strategic Health Institute Receipt For:	Family Physician	-				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00					
Full Name (Last, First, Middle Initial) Stephanie J Foley		Date of Receipt				
Mailing Address 5518 Butterfly Ln Apt 307 2100 Erwin Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	09 22 2015 Transaction ID : C3100414				
Durham	NC 27707-9078	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.42				
Name of Employer Blue Ridge Family Physicians	Occupation	-				
Receipt For:	Family Physician	-				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78					
Full Name (Last, First, Middle Initial) Connie H Hahn DO		Date of Receipt				
Mailing Address 605 Hyalite View Dr		09 17 2015				
City Bozeman	State Zip Code MT 59718-7377	Transaction ID : C3095008 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	52.14				
Name of Employer	Name of Employer Occupation					
Bozeman Deaconess Family Medicine and	Family Physician					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	208.58					
SUBTOTAL of Receipts This Page (optional)		432.56				
· · · · · · · · · · · · · · · · · · ·	<u> </u>					

FOR LINE NUMBER:					PAGE	. 1	13	OF		32
(check only one)										
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or for commercial purposes, other than usin	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial) Boyde Jerome Harrison MD Mailing Address 904 26th St City Haleyville FEC ID number of contributing	State Zip Code AL 35565-1719	Date of Receipt M
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date ▼ 756.00	84.00
Full Name (Last, First, Middle Initial) Lori J Heim MD Mailing Address 250 Hollybrook Farm Ln	Date of Receipt Date of Receipt	
City Vass FEC ID number of contributing federal political committee.	State Zip Code NC 28394-8952	Transaction ID : C3100387 Amount of Each Receipt this Period 625.00
Name of Employer Scotland Memorial Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 625.00	-
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Mailing Address 1305 W 18th St City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sioux Valley Health Systems Receipt For:	State Zip Code SD 57105-0401 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 99 23 2015 Transaction ID : C3103323 Amount of Each Receipt this Period
Primary General Other (specify) ▼	1200.00	859.00
SUBTOTAL of Receipts This Page (optional	<u> </u>	333.00
TOTAL This Period (last page this line nun	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 1	14	OF		32	
(0	(check only one)										
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		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Α.	Full Name (Last, First, Middle Initial) David Standish Hoskins MD		Date of Receipt
	Mailing Address PO Box 2200		09 03 2015
	City Minden	State Zip Code NV 89423-2200	Transaction ID : C3085935 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	30.00	
	Name of Employer	Occupation	
	Self Employed Receipt For:	Family Physician	_
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
В.	Full Name (Last, First, Middle Initial) Gregory King MD		Date of Receipt
	Mailing Address 1120 Vail Rd		09 07 2015
	City	State Zip Code	Transaction ID : C3087726
	Bennington	VT 05201-9597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	55.00
	Name of Employer	Occupation	
	Self-Employed	Family Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	385.00	
<u> </u>	Full Name (Last, First, Middle Initial) Robyn A Liu MD		Date of Receipt
	Mailing Address 1604 SE Stark St		09 05 2015
	City	State Zip Code	Transaction ID : C3114459
	Portland	OR 97214-1459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	
	Self Employed	Family Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	

TOTAL This Period (last page this line number only).....

	FOF	PAGE	•	15	OF	32				
(check only one)										
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	ily Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Christopher M Mahr MD		Date of Receipt
Mailing Address 3085 Firestone Ct		09 10 2015
City	State Zip Code	Transaction ID : C3090173
Sumter	SC 29150-7075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.50
Name of Employer	Occupation	7
Colonial Family Practice	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	1.99.09810 108.10 2410 7	
Other (specify) ▼	418.50	
Full Name (Last, First, Middle Initial) Kevin B Martin MD	'	Date of Receipt
Mailing Address 2903 219th Ave E		09 26 2015
City	State Zip Code	Transaction ID : C3105755
Lake Tapps	WA 98391-5634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	\dashv
Life Care Physician Services	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) . F Bradford Bradford Meyers N	MD	Date of Receipt
Mailing Address PO Box 414	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	09 19 _ 2015 _
City	State Zip Code	Transaction ID : C3099168
Jefferson	WI 53549-0414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.75
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (option	nal)	124.25
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family	he name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Anne M Montgomery MD Mailing Address 44818 Oro Grande Cir City Indian Wells FEC ID number of contributing federal political committee. Name of Employer Eisenhower Medical Associates Receipt For: Primary General Other (specify)	State Zip Code CA 92210-7411 C Occupation Family Physician Aggregate Year-to-Date 2000.00	Date of Receipt 09 28 2015 Transaction ID : C3105901 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dale C Moquist MD Mailing Address 4318 Lake Walk Ct City Missouri City FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 77459-3268 C Occupation Family Physician Aggregate Year-to-Date ▼ 824.94	Date of Receipt 99 99 2015 Transaction ID: C3114323 Amount of Each Receipt this Period 91.66
Full Name (Last, First, Middle Initial) Mary S Nguyen MD Mailing Address 5727 Welsch Vw City San Antonio FEC ID number of contributing federal political committee. Name of Employer Medina Valley Family Practice Receipt For: Primary General Other (specify)	State Zip Code TX 78249-3149 C Occupation Physician Aggregate Year-to-Date ▼ 315.00	Date of Receipt 09 02 2015 Transaction ID: C3085430 Amount of Each Receipt this Period 35.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	376.66

SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 17 OF

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(ch	eck or 11a 13	lly o	ne) 11b 14		11c		12 16		17
nformation copied from such Reports and Statements ma	ay not be sold or used by any pe	rson	for the	pur	pose o	of so	oliciting	cor	ntributi	ons	

Any ir or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Carl Raymond Olden MD		Date of Receipt
Mailing Address 311 S 72nd Ave		09 07 2015
City Yakima	State Zip Code WA 98908-1661	Transaction ID : C3087727
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Yakima Valley Memorial Hospital	Occupation Family Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) 3. Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		09 28 2015
City Chicago	State Zip Code IL 60680-4126	Transaction ID : C3105902
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Vitas Innovative Hospice	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initial) C. Logan Alan Pritchard DO		Date of Receipt
Mailing Address 1021 W 14th St		09 30 2015
City Hastings	State Zip Code NE 68902-0968	Transaction ID : C3108231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Family Medical Center of Hastings	Familiy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional))	575.00

TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Michelle Quiogue MD		Date of Receipt
Mailing Address 2460 Pine St		09 10 2015
City	State Zip Code	Transaction ID : C3090174
Bakersfield	CA 93301-2742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	
SCPMG	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	255.50	
Full Name (Last, First, Middle Initial) Lee P Ralph MD		Date of Receipt
Mailing Address 6699 Alvarado Rd Ste 2100	09 05 2015	
City	State Zip Code	Transaction ID : C3087650
San Diego	CA 92120-5238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
SD Sports Medicine and Family Health	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Srikar T Reddy MD		Date of Receipt
Mailing Address 205 W Grand River Ave		09 06 2015
City	State Zip Code	Transaction ID : C3087700
Brighton	MI 48116-1659	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer	Occupation	
4-Serv Family Medicine PC	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	228.15	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	132.13
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	_ 1	19	OF		32		
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NAME OF COMMITTEE (In Full)							
American Academy of Family	Physicians Political Action Commit	ttee					
Full Name (Last, First, Middle Initial) 1. Jo Marie R Reilly MD		Date of Receipt					
Mailing Address 1217 Milan Ave		09 25 2015					
City	State Zip Code	Transaction ID : C3105370					
South Pasadena	CA 91030-3925	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	265.00					
Name of Employer	Occupation	1					
USC Keck School of Medicine	Family Physician						
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General	0.0						
Other (specify) ▼	365.00						
Full Name (Last, First, Middle Initial) Robert Chuck Rich MD		Date of Receipt					
Mailing Address PO Box 10	Mailing Address PO Box 10						
City	State Zip Code	09 25 2015 Transaction ID : C3105375					
Bladenboro	NC 28320-0010	Amount of Each Receipt this Period					
FEC ID number of contributing		T					
federal political committee.		50.00					
Name of Employer	Occupation						
Self Employed	Family Physician	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	0.0						
Other (specify) ▼	400.00						
Full Name (Last, First, Middle Initial) C. Elisabeth L Righter MD		Date of Receipt					
Mailing Address 267 Park Dr		09 09 2015					
City	State Zip Code	Transaction ID : C3089076					
Dayton	OH 45410-1315	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation	-					
Self Employed	Family Physician	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	800.00						
SUBTOTAL of Receipts This Page (optional)) >	415.00					
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TOTAL This Period (last page this line numb	ner only)						

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NAME OF COMMITTEE (In Full)		
, ,	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		09 19 2015
City	State Zip Code	Transaction ID : C3099169
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Sarah L Sams MD		Date of Receipt
Mailing Address 2994 Frazell Rd	09 09 2015	
City	State Zip Code	Transaction ID : C3090459
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) C. Sarah L Sams MD		Date of Receipt
Mailing Address 2994 Frazell Rd		09 11 2015 _
City	State Zip Code	Transaction ID : C3090464
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	960.00	
SUBTOTAL of Receipts This Page (optional)		290.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Linda Marie Siy MD Date of Receipt Mailing Address 4133 Bilglade Rd 2015 27 City Zip Code State Transaction ID: C3114327 TX Fort Worth 76109-5436 Amount of Each Receipt this Period FEC ID number of contributing 36.50 federal political committee. Name of Employer Occupation University of North Texas Health Scien Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 328.50 Other (specify) Full Name (Last, First, Middle Initial) B. Windel A Stracener MD Date of Receipt Mailing Address 1333 Hunters Pointe Dr 09 2015 11 City State Zip Code Transaction ID: C3090465 IN Richmond 47374-7184 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Glen R Stream MD Date of Receipt Mailing Address 44818 Oro Grande Cir 09 21 2015 City State Zip Code Transaction ID: C3099296 CA Indian Wells 92210-7411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Eisenhower Medical Associates physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 486.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Stacy J Taylor MD		Date of Receipt
Mailing Address 173 E Cotton Hill Rd		09 01 2015
City New Hartford	State Zip Code CT 06057-3524	Transaction ID : C3084992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	
Charlotte Hungerford Hospital Receipt For:	Family Physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 329.00	
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO Box 960		09 02 2015
City	State Zip Code	Transaction ID : C3085431
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Medina Valley Family Practice	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) William H Vetter MD		Date of Receipt
Mailing Address 1102 E Locust St		09 08 2015
City	State Zip Code	Transaction ID : C3087758
Emmett	ID 83617-2713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	1
Walter Knox Memorial Hospital	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 236.00	

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Bruce Alan Wallstedt MD Mailing Address 6323 Canterbury Close		Date of Receipt
C:h.	Ctoto 7:: Code	09 10 2015
City Brentwood	State Zip Code TN 37027-4870	Transaction ID : C3090176
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 36.50
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.50	
Full Name (Last, First, Middle Initial) Kevin S Wang MD	- '	Date of Receipt
Mailing Address 1823 Terry Ave		M = M / D = D / Y = Y = Y
Apt 1609 City	State Zip Code	09 24 2015
Seattle	WA 98101-2406	Transaction ID : C3104126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30101 2-100	100.00
Name of Employer Swedish Medical Center	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Thomas J Weida MD	I	Date of Receipt
Mailing Address 845 Fishburn Rd		09 12 2015
City Hershey	State Zip Code PA 17033-2015	Transaction ID : C3091930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	e name and address of any political committee to	5 SOUGH COMMIDULIONS HOME SUCH COMMINUTE.
/	hysicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Tabatha Selina Wells MD Mailing Address 2117 N 6th St City Springfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 62702-1705 C Occupation Family Physician Aggregate Year-to-Date ▼ 225.00	Date of Receipt 99 13 2015 Transaction ID: C3092039 Amount of Each Receipt this Period 45.00
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD Mailing Address 59 Tipton Dr City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Southern Health Receipt For: Primary General Other (specify)	State Zip Code GA 30533-1603 C Occupation Family Physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 09 08 2015 Transaction ID: C3087759 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	295.00
TOTAL This Period (last page this line number	only)	12464.99

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 32 (check only one)
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	NAME OF COMMITTEE (In Full)			
	American Academy of Family Pl	nysicians	Political Action Comm	ittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ıns		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	,		09 14 2015
	City	State	Zip Code	Transaction ID : C3095583
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		632.06
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	riggrogato		
	Other (specify) ▼		6655.53	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	
	- ,		F	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify) ▼			
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	20 0		
	Other (specify) ▼		9 1 9 1 1 1	
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SCHEDULE B (FEC Form 3X)		FOR LINE		PAGE 26 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or use			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phy	sicians Political Actio	n Committ	ee	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disbursem	
Mailing Address PO Box 53852			09 10	2015
City	State Zip Code		Transaction ID .	D16960E
Phoenix	AZ 85072-3852		Transaction ID:	D100003
Purpose of Disbursement Bank card processing fee			Amount of Each D	disbursement this Period
Candidate Name		Category/ Type		1.48
	ement For:			
Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disbursem	nent
American Express			M M / D D	
Mailing Address PO Box 53852			09 11	
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D168606
Purpose of Disbursement Bank card processing fee		· · · ·	Amount of Each D	isbursement this Period
Candidate Name		Category/		3.74
000		Туре		3.74
Office Sought: House Disburse Senate	ement For:			
President	Primary General Other (specify) ▼			
State: District:	Carior (openity)			
Full Name (Last, First, Middle Initial)				
C. American Express			Date of Disbursem	_
Mailing Address PO Box 53852			09 14	2015
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D168607
Purpose of Disbursement				
Bank card processing fee		L II	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		15.67
Office Sought: House Disburse	ement For:		7	7
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····	7	20.89
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\setminus	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians F	Political Action	on Co	m	mitt	ee								
_	Full Name (Last, First, Middle Initial)														
Α.	American Express						Date of	of Di		eme	nt	/ E Y	Y	Υ	
	Mailing Address PO Box 53852						09	_		4			015	_	
	City	State	Zip Code				Tron	t	ion ID		16860	10			
	Phoenix	AZ	85072-3852				IIaii	Saci	וווווו	י. ט	10000				
	Purpose of Disbursement Bank card processing fee				Ī		Amoui	nt of	Each	Dis	burse	men	t this	Peri	iod
	Candidate Name			Cate		y/			-					8.13	
	Office Sought: House Disburser	nent For:		· yı	~~				7		7				
	Senate	Primary	General												
	President	Other (spe	cify) 🔻												
_	State: District:														
_	Full Name (Last, First, Middle Initial)						Data	(D:	_1		1				
Ь.	American Express						Date of				nt				
	Mailing Address PO Box 53852						09	/		5	/ Y		015	Υ	
		State	Zip Code				Tran	sact	ion ID) : D	16860)9			
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee				Ţ		Amoui	nt of	Each	Dis	burse	men	t this	Peri	iod
	Candidate Name			Cate	gor	y/								9.75	
				Туј	ре			-	7	_	- 7	-		9.73	
	Office Sought: House Disbursen Senate		Conoral												
		Primary Other (spe	General												
	State: District:	Cirioi (opo	Sily) ▼												
_	Full Name (Last, First, Middle Initial)														
C.	American Express						Date of	of Di	sburse	eme	nt				
	-						M = N	1 /	D		/ Y		Y	Υ	
	Mailing Address PO Box 53852						09	_	1	6		_ 2	015	_	
	City	State	Zip Code							_	40004				
	Phoenix	AZ	85072-3852				ıran	sact	ion IL	ט : ט	16861	0			
	Purpose of Disbursement Bank card processing fee				-	71									
	Candidate Name			4	-	-11	Amou	nt of	Each	Dis	burse	men	t this	Peri	iod
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	Senate	Primary	General												
	President	Other (spe	cify) 🔻												
_	State: District:														
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L	GUBTOTAL of Disbursements This Page (optional)					<u> </u>		_	7		- 7		3	1.42	
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FOR LINE (check only 21b 27 by any person	
27	
-, will police	on for the purpose of soliciting contributions
	o solicit contributions from such committee.
Committ	ee
	Date of Disbursement
	09 18 2015
	Transaction ID : D168611
	Transaction ib . Droot i
	Amount of Each Disbursement this Period
Category/	3.25
Туре	
	Date of Disbursement
	M M / D D / Y Y Y
	09 21 2015
	Transaction ID : D168612
	Amount of Each Disbursement this Period
Category/ Type	7.28
	Date of Disbursement
	09 25 2015
	Transaction ID : D168613
	11alisaction D . D100013
	Amount of Each Disbursement this Period
Category/	0.81
Туре	
	ategory/ Type

SCHEDULE B (FEC Form 3X)		FOR LINE		PAGE 29 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or use			
or for commercial purposes, other than using the nati				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	sicians Political Actic	on Committ	ee	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disbursen	
Mailing Address PO Box 53852			09 28	
City	State Zip Code		Transaction ID :	D16861/
Phoenix	AZ 85072-3852		mansaction ib .	D100014
Purpose of Disbursement Bank card processing fee			Amount of Each D	Disbursement this Period
Candidate Name		Category/		3.25
Office Sought: House Disburse	ment For:	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disbursen	
Mailing Address PO Box 53852			09 28	
City	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID :	D168615
Purpose of Disbursement Bank card processing fee				
Candidate Name			Amount of Each L	Disbursement this Period
Candidate Name		Category/ Type		2.61
Office Sought: House Disburse	ment For:	71		,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursen	nent
American Express			M M / D D	
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City	State Zip Code		Tropposition IS	D469646
Phoenix	AZ 85072-3852		Transaction ID:	סרסאטרע
Purpose of Disbursement Bank card processing fee				
Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period 7.95
Office Sought: House Disburse	ment For:	71: -		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional).		·····	7	13.81
TOTAL This Period (last page this line number only)	·····•	7	

Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General President President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Bank Of America Merchant Services	25 26 29 30 ntributions mmittee.
Detailed Summary Page 27 28a 28b 28c	29 30 ntributions mmittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co or for commercial purposes of soliciting co or for commercial purposes of soliciting con from such committee. Part of Disbursement Date of Disbursement State: District: Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type	ntributions mmittee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from su	mmittee.
American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House District: Pull Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane WA2-505-01-40 Purpose of Disbursement Bank card processing fee Candidate Name City State Zip Code Sought: Transaction ID: D168084 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House State Zip Code Sopkane WA 99210-2485 City Spokane WA 99210-2485	
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Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Office Sought:	this Period
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	0.00
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼	6.83
State: District: Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) - Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	
- Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ Date of Disbursement Transaction ID: D168084 Amount of Each Disbursement General Other (specify) ▼	
Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	
Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	YYY
Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought:)15
Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: Benate President Disbursement For: Senate Primary General Other (specify)	
Candidate Name Category/ Type Office Sought: Disbursement For: Senate Primary General President Other (specify) ▼	
Office Sought: Disbursement For: Senate President Disbursement For: Other (specify)	this Period
Senate Primary General President Other (specify) ▼	179.23
President Other (specify) ▼	
Full Name (Last, First, Middle Initial)	
Date of Disbursement	
Mailing Address	YY
Maining Address	
City State Zip Code	
Purpose of Disbursement	
Candidate Name Category/ Type Amount of Each Disbursement	this Period
Office Sought: House Disbursement For:	
Senate Primary General	
President Other (specify) ▼	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	186.06
TOTAL This Period (last page this line number only)	186.06

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 31 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	and address of any point		
American Academy of Family Phys	sicians Political Acti	on Committ	ee
	noidile i Gilliodi 7 toti		
Full Name (Last, First, Middle Initial)			Data of Dialousanaut
^{A.} BLUMENAUER FOR CONGRESS			Date of Disbursement
Mailing Address 830 NE Holladay, #105			09 22 2015
,	State Zip Code		Transaction ID : D168313
Portland Purpose of Disbursement	OR 97232		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Earl Blumenauer		Type	2500.00
	nent For: 2016		
	Primary General		
State: OR District: 03	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. TIBERI FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2931 E Dublin Granville Road			09 22 2015
Ste 2000 City	State Zip Code		
Columbus	OH 43231		Transaction ID : D168312
Purpose of Disbursement			
Campaign contribution			Amount of Each Disbursement this Period
Campaign contribution			
Candidate Name		Category/	2500.00
Candidate Name Rep. Pat Tiberi	nent For: 2016	Category/ Type	2500.00
Candidate Name Rep. Pat Tiberi Office Sought: House Disburser	nent For: 2016 Primary General		2500.00
Candidate Name Rep. Pat Tiberi Office Sought: House Disburser			2500.00
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12	Primary General		2500.00
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial)	Primary General		
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12	Primary General		Date of Disbursement
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial)	Primary General		
Candidate Name Rep. Pat Tiberi Office Sought: State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue	Primary General Other (specify) ▼		Date of Disbursement
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement	Primary General Other (specify) ▼		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name	Primary General Other (specify) ▼ State Zip Code	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko	Primary General Other (specify) ▼ State Zip Code NY 12206	Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko	Primary General Other (specify) ▼ State Zip Code	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Disburser	Primary General Other (specify) ▼ State Zip Code NY 12206 ment For: 2016	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Senate Disburser	Primary General Other (specify) ▼ State Zip Code NY 12206 ment For: 2016 Primary General	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Senate President State: NY District: 21	Other (specify) State Zip Code NY 12206 The image of the specify of the specific of the speci	Category/ Type	Date of Disbursement M M / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name Rep. Pat Tiberi Office Sought: Senate President State: OH District: 12 Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS Mailing Address 911 Central Avenue City Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Senate President Disburser	Other (specify) State Zip Code NY 12206 The image of the specify of the specific of the speci	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 32 OF 3
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	Detailed Summary Page	21b 27	22 X 23 24 25 25 28a 28b 28c 29 3
Any information copied from such Reports and Statem	ents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)		_	
American Academy of Family Phys	icians Political Action	on Committ	ee
Full Name (Last, First, Middle Initial)			
A. RENEE ELLMERS FOR CONGRESS COMMITTEE			Date of Disbursement
Mailing Address PO BOX 99567			09 17 2015
City	State Zip Code		Transaction ID : D168243
RALEIGH	NC 27624		Transaction ib . D100243
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Renee Ellmers		Туре	2500.00
	nent For: 2016 Primary General		
	Other (specify)		
State: NC District: 02	., ., .,		
Full Name (Last, First, Middle Initial)			
B. GEORGIANS FOR ISAKSON			Date of Disbursement
Mailing Address POST OFFICE BOX 250116			09 17 2015
•	State Zip Code GA 30325		Transaction ID : D168245
Purpose of Disbursement	30323		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Johnny Isakson Office Sought: House Disbursen	nent For: 2016	Туре	
	Primary General		
	Other (specify) ▼		
State: GA District: 00			
Full Name (Last, First, Middle Initial)	NO		Data of Dishursoment
C. HATCH ELECTION COMMITTEE INC			Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650			09 17 2015
City	State Zip Code		
	UT 84101		Transaction ID : D168242
Purpose of Disbursement Campaign contribution			
Candidate Name			Amount of Each Disbursement this Period
Sen. Orrin G. Hatch		Category/ Type	1500.00
	nent For: 2018	.,,,,	
∑ Senate	Primary General		
	Other (specify) ▼		
State: UT District: 00			
SUBTOTAL of Disbursements This Page (optional)			6500.00
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TOTAL This Period (last page this line number only)			14000.00